

LICENSE FEE: \$145.50

PERMIT NO. _____

Check payable to:

City of Concord

City of Concord
Health & Licensing Division
37 Green Street
Concord, New Hampshire 03301

APPLICATION FOR TATTOO ARTIST/BODY PIERCING ESTABLISHMENT LICENSE

Name of Establishment: _____ Phone No. _____

Address: _____

Name of Owner/Operator: _____ Phone No. _____

Home Address: _____

Proposed Days of Operation: _____

Proposed Hours of Operation: _____

Are you licensed in another Town or City? _____ Yes _____ No
(If yes, please provide copy)

Provide a copy of your STATE LICENSE

Do you operate a separate mobile unit? _____ Yes _____ No (If yes, please supply photograph of the unit.)

Name of Biochemical _____ Phone _____
Waste Company used: _____ No. _____

Address: _____

Do you understand the Tattoo/Body Piercing Parlor Ordinance as written in Chapter 12, Article 13-8-1 – 13-8-12 ? _____ Yes _____ No

ALL LICENSES EXPIRE ON APRIL 30TH. THIS LICENSE MAYBE SUSPENDED OR REVOKED ACCORDING TO CHAPTER 15, ARTICLE 15-10 GENERAL LICENSE ORDINANCE, OR MAY BE SUSPENDED OR REVOKED FOR VIOLATION OF ANY OF THE REQUIREMENTS OF THIS ORDINANCE.

APPLICANTS SIGNATURE: _____ DATE: _____

APPROVED: _____ DATE: _____

Licensing Officer

THIS LICENSE IS NON TRANSFERABLE